

County: Wood

Facility ID: 6130

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NORWOOD HEALTH CENTER CENTRAL

1600 NORTH CHESTNUT AVENUE

MARSHFIELD

54449

Phone: (715) 384-2188

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/05): 16

Total Licensed Bed Capacity (12/31/05): 16

Number of Residents on 12/31/05: 16

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

County

Skilled

No

No

Yes

16

Age, Gender, and Primary Diagnosis of Residents (12/31/05)		Length of Stay (12/31/05)	
Primary Diagnosis	%		%

Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	6.3
Developmental Disabilities	0.0	Under 65	43.8	1 - 4 Years	12.5
Mental Illness (Org./Psy)	0.0	65 - 74	37.5	More Than 4 Years	81.3
Mental Illness (Other)	100.0	75 - 84	18.8		-----
Alcohol & Other Drug Abuse	0.0	85 - 94	0.0		100.0
Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0		
Cancer	0.0		-----	Full-Time Equivalent	
Fractures	0.0		100.0	Nursing Staff per 100 Residents	
Cardiovascular	0.0	65 & Over	56.3	(12/31/05)	
Cerebrovascular	0.0		-----		
Diabetes	0.0	Gender	%	RNs	15.8
Respiratory	0.0		-----	LPNs	13.1
Other Medical Conditions	0.0	Male	56.3	Nursing Assistants,	
	-----	Female	43.8	Aides, & Orderlies	60.7
	100.0		-----		
			100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	16	100.0	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	16	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		16	100.0		0	0.0		0	0.0		0	0.0		0	0.0		16	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.0	Bathing	62.5	18.8	18.8	16
Private Home/With Home Health	0.0	Dressing	75.0	6.3	18.8	16
Other Nursing Homes	0.0	Transferring	81.3	18.8	0.0	16
Acute Care Hospitals	0.0	Toilet Use	81.3	18.8	0.0	16
Psych. Hosp.-MR/DD Facilities	100.0	Eating	93.8	0.0	6.3	16
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	1	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care	0.0	
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	12.5	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	6.3	Receiving Suctioning	0.0	
Other Nursing Homes	0.0			Receiving Ostomy Care	0.0	
Acute Care Hospitals	100.0	Mobility		Receiving Tube Feeding	6.3	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	56.3	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	0.0	With Pressure Sores	0.0	Have Advance Directives	0.0	
Total Number of Discharges		With Rashes	12.5	Medications		
(Including Deaths)	1			Receiving Psychoactive Drugs	100.0	

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						

	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	90.0	1.11	88.1	1.14	
Current Residents from In-County	93.8	84.8	1.11	77.6	1.21	
Admissions from In-County, Still Residing	100.0	14.1	7.11	18.1	5.52	
Admissions/Average Daily Census	6.3	216.7	0.03	162.3	0.04	
Discharges/Average Daily Census	6.3	218.8	0.03	165.1	0.04	
Discharges To Private Residence/Average Daily Census	0.0	119.6	0.00	74.8	0.00	
Residents Receiving Skilled Care	100.0	97.7	1.02	92.1	1.09	
Residents Aged 65 and Older	56.3	89.6	0.63	88.4	0.64	
Title 19 (Medicaid) Funded Residents	100.0	66.3	1.51	65.3	1.53	
Private Pay Funded Residents	0.0	20.2	0.00	20.2	0.00	
Developmentally Disabled Residents	0.0	1.4	0.00	5.0	0.00	
Mentally Ill Residents	100.0	32.3	3.10	32.9	3.04	
General Medical Service Residents	0.0	23.2	0.00	22.8	0.00	
Impaired ADL (Mean)*	17.5	49.3	0.36	49.2	0.36	
Psychological Problems	100.0	58.3	1.71	58.5	1.71	
Nursing Care Required (Mean)*	9.4	8.0	1.17	7.4	1.26	

County: Wood

Facility ID: 6131

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NORWOOD HEALTH CENTER-FDD
1600 NORTH CHESTNUT STREET
MARSHFIELD 54449

Phone: (715) 384-2188

Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/05): 29
Total Licensed Bed Capacity (12/31/05): 29
Number of Residents on 12/31/05: 26

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

County

FDDs

No

No

Yes

28

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)			
Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	3.8	1 - 4 Years	26.9
Developmental Disabilities	88.5	Under 65	100.0	More Than 4 Years	69.2		
Mental Illness (Org./Psy)	0.0	65 - 74	0.0				
Mental Illness (Other)	11.5	75 - 84	0.0				
Alcohol & Other Drug Abuse	0.0	85 - 94	0.0				
Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0				
Cancer	0.0						
Fractures	0.0						
Cardiovascular	0.0	65 & Over	0.0				
Cerebrovascular	0.0						
Diabetes	0.0	Gender	%				
Respiratory	0.0						
Other Medical Conditions	0.0	Male	69.2				
	100.0	Female	30.8				
			100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	26	100.0	189	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	26	100.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	0	0.0		26	100.0		0	0.0		0	0.0		0	0.0		0	0.0		26	100.0	